

FILED SEP 7 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 26172

3525

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>3525</u>	
1. PLACE OF DEATH a. COUNTY <b>Jackson</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>			
b. CITY (If outside corporate limits, write RURAL and give town or township) <b>Kansas City</b>		c. LENGTH OF STAY (in this place) <b>7 yrs.</b>		c. CITY OR TOWN <b>Kansas City</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Osteopathic Hospital</b>				STREET ADDRESS (If rural, give location) <b>4516 1/2 East 24th Street</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Charles</b>		b. (Middle) <b>S.</b>		c. (Last) <b>Gower</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Aug. 10, 1955</b>	
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>		8. DATE OF BIRTH <b>Nov. 7, 1915</b>	
9. AGE (In years last birthday) <b>39</b>		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Salesman (car)</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Allbritan Motors</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Canada</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Chas. W. Gower</b>		13b. MOTHER'S MAIDEN NAME <b>Maggie Davis</b>		14. NAME OF HUSBAND OR WIFE <b>Doratheia E. Gower</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>371-05-7061</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Doratheia E. Gower</b>		ADDRESS <b>4516 1/2 E. 24th St.</b>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <b>Microcytic hypochromic Anemia</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Hemophilie</b> DUE TO (c) <b>Congenital blood dyscrasia</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH  <b>295</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>8-1</b> , 19 <b>55</b> , to <b>8-10</b> , 19 <b>55</b> , that I last saw the deceased alive on <b>8-10</b> , 19 <b>55</b> , and that death occurred at <b>6:50 P.M.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>Sherrill H. Frye</b> (Degree or title)				23b. ADDRESS <b>4202 E. 28th K.C. Mo.</b>		23c. DATE SIGNED <b>8-10-55</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>Aug. 11, 1955</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Oak View Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Royal Oak, Mich.</b>	
DATE REC'D BY LOCAL REG. <b>8-11-55</b>		REGISTRAR'S SIGNATURE <b>Neva Marshall</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Earp &amp; Sons 4139 Truman Rd. K.C., Mo.</b>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 462

P. O. Address H.C., Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.